WILLIAMSON COUNTY SCHOOLS – STUDENT SUPPORT SERVICES
PROFESSIONAL DEVELOPMENT & WORK RELATED
STIPEND CLAIM FORM

NAME: _______________________________  EMPLOYEE #________________
SCHOOL: _______________________________

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<th>DATES WORKED</th>
<th>TIMES WORKED</th>
<th>TOTAL HOURS COMPLETED</th>
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Note: this activity is not a Career Ladder Extended Contract Activity. Please submit monthly or no later than 60 days.

*All lines are to be completed in order for payment to be processed

PLEASE CHECK ONE:  
INSTRUCTOR/TRAINER/FACILITATOR  
ATTENDEE/TRAINING  
OUTSIDE OF CONTRACT WORK  
SUMMER SCHOOL (SS) (EXTENDED CONTRACT SS USE STATE FORM)

PLEASE CIRCLE ONE:  
EDUCATOR/CLASSIFIED  
EDUCATOR/CLASSIFIED  
EDUCATOR/CLASSIFIED

SUMMARY OF ACTIVITY PERFORMED:

I certify that a total of ______ (hours/days) as documented above have been completed in performing this activity as approved in advance.

EMPLOYEE SIGNATURE _______________  DATE _______________  SCHOOL PRINCIPAL/SPECIALISTS _______________  DATE _______________

DIRECTOR'S SIGNATURE _______________  DATE _______________

BUDGET ACCOUNTING CODE:  
141-72220-519600-389-00-00-00-00  TRAINING

PLEASE CHECK THE APPROPRIATE BUDGET CODE:  
141-72220-518995-389-00-00-00-00  OUTSIDE CONTRACT WORK

STIPEND PAY DETAILS:

(__________ DAYS @ ___________ DAY = $___________)  (__________ HOURS @ ___________ = $___________)

Revised 08/14